

RENTAL APPLICATION

RESOURCE PROPERTY MANAGEMENT

ADDRESS APPLYING FOR: _____

PRESENT PHONE #: _____ UNIT TO BE OCCUPIED BY _____ PERSONS

EMAIL ADDRESS: _____

LAST NAME OF APPLICANT: _____ FIRST & MI: _____

SPOUSE/ROOMMATE LAST NAME: _____ FIRST & MI: _____

PRESENT ADDRESS: _____ CITY, STATE ZIP: _____

LIVED HERE HOW LONG? _____ RENT _____ OWN _____ LIVE WITH PARENTS _____

LANDLORD'S NAME/MORTGAGE COMPANY: _____ MONTHLY PAYMENT: _____

LANDLORD/MORTGAGE COMPANY PHONE NUMBER: _____ DO YOU HAVE A LEASE? _____

2. APPLICANT EMPLOYED BY: _____ HOW LONG EMPLOYED? _____

SUPERVISOR'S NAME: _____ PHONE #: _____

SALARY _____ PER _____ POSITION HELD OR RANK: _____

ADDITIONAL INCOME AMOUNT: _____ PER _____ SOURCE OF ADDITIONAL INCOME: _____

*SPOUSE/ROOMMATE EMPLOYED BY: _____ HOW LONG EMPLOYED? _____

SUPERVISOR'S NAME: _____ PHONE #: _____

SALARY _____ PER _____ POSITION HELD OR RANK: _____

ADDITIONAL INCOME AMOUNT: _____ PER _____ SOURCE OF ADDITIONAL INCOME: _____

3. VEHICLES: HOW MANY VEHICLES WILL YOU KEEP AT THIS ADDRESS:

CAR 1: YEAR _____ MAKE _____ MODEL _____ COLOR _____

CAR 2: YEAR _____ MAKE _____ MODEL _____ COLOR _____

4. APPLICANT: BIRTHDATE ____/____/19____ SOCIAL SECURITY NO: ____-____-____

SPOUSE/ROOMMATE: BIRTHDATE ____/____/19____ SOCIAL SECURITY NO: ____-____-____

5. NAME OF REFERRING PARTY: _____

6. DOES APPLICANT HAVE ANY PETS? _____ WHAT BREED? _____

7. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

The undersigned applicant hereby declares that the representations of fact contained in the foregoing application are considered part of my lease and are true and correct. I agree that if any information herein contained is false, the lease made on the strength of this application may, at the option of the landlord, be terminated at any time. The signature below grants Resource Property Management the ability to check credit, criminal background, and rental history.

Signature of Applicant: _____ Date: ____/____/20____

Signature of Applicant: _____ Date: ____/____/20____

Signature of Management: _____ Date: ____/____/20____

Status: _____ Approved _____ Disapproved If Disapproved, reason: _____